



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## CENTRAL AMERICA

Although HIV/AIDS in Central America remains concentrated largely in the most vulnerable populations, the epidemic is a severe and growing problem. Four of the six highest prevalence countries in Latin America—Belize, Honduras, Panama, and Guatemala—are in Central America. Unequal socioeconomic development and high levels of population mobility, especially along the region's highways and industrial corridors, are key factors driving the spread of HIV/AIDS throughout the region.

The United States Agency for International Development (USAID) Central American regional HIV/AIDS program focuses its efforts on Honduras, Guatemala, El Salvador, Nicaragua, Belize, and Panama. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), by the end of 2003, prevalence was highest in Belize (2.4 percent adult prevalence), followed by Honduras (1.8 percent adult prevalence), Guatemala (1.1 percent adult prevalence), Panama (0.9 percent adult prevalence), El Salvador (0.7 percent adult prevalence), Costa Rica (0.6 percent adult prevalence), and Nicaragua (0.2 percent adult prevalence). These estimates, however, are often based on projections of outdated information or from non-representational samples. USAID and the U.S. Centers for Disease Control and Prevention/Global AIDS Program (CDC/GAP) are supporting a regional strategic plan for HIV/AIDS surveillance that will, over time, provide more accurate and representative information.

Unlike most South American countries, where injecting drugs play a major role in the spread of the infection, HIV/AIDS in Central America is transmitted primarily through sexual contact. The epidemic is concentrated among socially marginalized and mobile populations, and in urban and/or major economic areas along transportation routes. In general, infection rates are highest in at-risk populations such as men who have sex with men, commercial sex workers, street children, and the prisoners, and in the case of Honduras, among the Garifuna (an economically disadvantaged Afro-Caribbean population). Although more men than women are currently living with HIV/AIDS (the largest number of infections

is found among men ages 20–39), the number of infections among women is rising, and the gender gap appears to be closing. However, much of this apparent reduction in the sex ratio is probably due to detection bias, particularly as some countries have instituted programs to prevent mother-to-child transmission of HIV.

Large numbers of men who have sex with men also have sex with women, a significant contributor to the increasing epidemic. Preliminary results for five countries from the Central America Multi-Site HIV Prevalence Survey indicate that prevalence among men



Map of Central America

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[www.usaid.gov](http://www.usaid.gov)

who have sex with men throughout Central America is uniformly high, ranging from a high of 17.8 percent in El Salvador to a low of 9 percent in Nicaragua (with rates of 10.6 percent in Panama, 11.5 percent in Guatemala, and 13 percent in Honduras).

Commercial sex workers are a highly mobile population and play a significant role in the dissemination of the infection throughout Central America. The Central American Multi-Site study showed infection rates among commercial sex workers of less than 1 percent in Nicaragua, 2 percent in Panama, 4 percent in El Salvador, 5 percent in Guatemala, and over 10 percent in Honduras. In all countries, prevalence was generally two to four times higher among commercial sex workers who work on the street than among those in fixed sites.

In addition, a 2002 UNAIDS report highlighted the previously hidden problem of HIV infection among prisoners. A study in three urban prisons in Honduras found HIV prevalence of almost 7 percent among male prisoners of all ages and 5 percent among those aged 16–20; less than 10 percent of the men in the study reported regular condom use.

## NATIONAL RESPONSE

With the exception of Costa Rica, which has a high-level HIV/AIDS Committee, all the Central American countries have a National HIV/AIDS Program. In addition, each of the countries has developed an HIV/AIDS National Strategic Plan in conjunction with civil society and people living with HIV/AIDS. AIDS legislation addressing the human rights of those living with HIV/AIDS has been passed in all countries except Belize. Access to full antiretroviral therapy has been growing rapidly in the past two years.

<b>BELIZE</b>	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	3,600
Total Population (2004)	261,000
Adult HIV Prevalence (end 2003)	2.4%
<b>COSTA RICA</b>	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	12,000
Total Population (2004)	4,250,000
Adult HIV Prevalence (end 2003)	0.6%
<b>EL SALVADOR</b>	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	29,000
Total Population (2004)	6,614,000
Adult HIV Prevalence (end 2003)	0.7%
<b>GUATEMALA</b>	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	78,000
Total Population (2004)	12,661,000
Adult HIV Prevalence (end 2003)	1.1%
<b>HONDURAS</b>	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	63,000
Total Population (2004)	7,099,000
Adult HIV Prevalence (end 2003)	1.8%
<b>NICARAGUA</b>	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	6,400
Total Population (2004)	5,597,000
Adult HIV Prevalence (end 2003)	0.2%
<b>PANAMA</b>	
Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	16,000
Total Population (2004)	3,177,000
Adult HIV Prevalence (end 2003)	0.9%

Source: UNAIDS

According to the AIDS Program Index—a measure of the amount of effort put into mounting an effective HIV/AIDS response by individuals, domestic organizations, and international organizations—political support in the Central American region has continued to improve. The region’s AIDS Program Index scores have increased from 30 out of 100 in 1996, to 48 in 2000, and 54 in 2003. The largest increases were registered in Honduras and Guatemala. Only Panama showed a decline in its score. Overall, the areas of greatest improvement were public support (particularly in Honduras, Guatemala, and Panama); high-level political commitment (particularly in Honduras, El Salvador, and Guatemala); contribution of international organizations (Honduras and El Salvador); and support from government leaders outside the health sector (Honduras, El Salvador, and Guatemala). The areas in need of the most improvement were organizational structure, human rights, and mitigation.

In 2004, each country covered in the Central American regional program expanded access to antiretroviral therapy through both social security institutes and ministries of health. Costa Rica and Panama, where more than 90 and 75 percent of individuals qualify for assistance, have the highest coverage. However, in terms of absolute numbers there are more people under treatment in Honduras and Guatemala. Mother-to-child transmission prevention programs are also being scaled up in all countries.

Although some governments actively distribute free condoms to at-risk people (primarily commercial sex workers), there is a need for more wide-scale action in this area. Other areas requiring further investment include confidential HIV counseling and testing services for high-risk groups, and management of sexually transmitted infections.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) is playing a central role in filling the gap in resources necessary to combat HIV/AIDS in Central American countries. Belize, Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua have all been approved for HIV/AIDS funding, and activities have been underway in all of these countries except Belize and Guatemala, which were just approved. A recently submitted regional proposal to the Global Fund entitled the “Mesoamerican Project in Integral Care for Mobile Populations: Reducing Vulnerability of Mobile Populations in Central America to HIV/AIDS” was also approved. The overall goals of the proposal are to prevent HIV infection among mobile populations and to improve the quality of life of those affected by HIV/AIDS.

## **USAID SUPPORT**

As the largest Central America regional HIV/AIDS donor, USAID allocated \$5.95 million to the Central American regional HIV/AIDS program in FY 2004. The regional strategy focuses on areas and at-risk populations not normally covered by bilateral programs and on mobile populations that cross borders, such as truck drivers, commercial sex workers, and migrant workers. Primary beneficiaries are Central Americans at risk of HIV. Recognizing that with sound and targeted prevention practices there is still an opportunity to contain the spread of HIV/AIDS in Central America, the USAID regional HIV/AIDS strategy focuses on:

- Increasing the use of prevention practices and services to combat HIV/AIDS
- Implementing improved HIV/AIDS policies and surveillance

USAID funds the following HIV/AIDS activities in the Central American region:

### ***Behavior Change Communication***

Recognizing that reduced risky behaviors in high-prevalence groups is a key to prevention, the Pan American Social Marketing Organization (PASMO) developed a condom social marketing and behavior change program in 1996. Supported in part by USAID, the program is active in Costa Rica, El Salvador, Guatemala, Belize, Nicaragua, Panama, and Honduras. The program focuses on populations at high risk of infection, including sex workers, men who have sex with men, migrants, truckers, security forces, and the Garifuna.

The Central American regional program’s behavior change strategy implements activities to reduce risky sexual behavior (i.e., reduction in the number of sexual partners, delayed initiation of sexual activity, and increased condom use in high-risk situations) in vulnerable populations. In addition, the program’s revamped media campaign will strongly support the strategy for abstinence, faithfulness, and correct and consistent condom use.

PASMO markets the *Vive* brand condom in all seven Central American countries, and numerous nongovernmental organizations provide information on correct and consistent condom use to at-risk populations. USAID is expanding interpersonal education services to reach higher-prevalence populations and will increase the availability of affordable condoms in nontraditional outlets in high-risk urban areas.

USAID has also provided some limited support for care and treatment activities through a network of diploma-level training courses on HIV/AIDS care.

## Policy

USAID programs work to develop a broad cadre of public and private leaders who actively acknowledge HIV/AIDS as a growing and serious problem, support effective policies and programs, and formulate responsive public-sector reforms. USAID will continue to provide technical assistance to support implementation of improved HIV/AIDS policies, strategic plans, and monitoring and evaluation strategies.

More specifically, the Central American regional HIV/AIDS program supports the national strategic planning process as well as the development of proposals to the Global Fund, and will continue to work closely with countries in the implementation, management, monitoring and evaluation, and coordination of Global Fund activities in the context of the national strategic plans. Development and dissemination of projection models, and socioeconomic-impact studies will inform discussion on these issues.

USAID is also working to reduce stigma and discrimination directed toward HIV/AIDS and the subpopulations most vulnerable to becoming infected. In addition, USAID-funded training and technical assistance will strengthen the ability of legal rights service groups to help people living with HIV/AIDS and other vulnerable groups under existing legislation.

## Monitoring and Evaluation

USAID-funded technical assistance in collaboration with CDC/GAP will help improve and implement national and regional surveillance systems. As part of a regional strategic plan for surveillance being supported jointly with other country programs, the Pan American Health Organization, UNAIDS and the World Bank, USAID and CDC/GAP will support situation assessments, technical assistance, training, and rapid tests. The improved regional and national surveillance systems being developed in the context of strategic information systems for HIV/AIDS will ensure that:

- AIDS and HIV case data are complete and accurate
- Seroprevalence data are collected periodically from appropriate populations, and analyzed and disseminated
- Behavioral and special case investigation studies are conducted periodically
- Program and other relevant data are incorporated into the surveillance system
- Information from the surveillance system is used to influence decision makers and other audiences

In addition, the program supported a multi-site study of HIV seroprevalence in at-risk populations that provided timely information to decision makers in five Central American countries.

## IMPORTANT LINKS AND CONTACTS

USAID/Guatemala  
1a Calle 7-66, Zona 9  
Guatemala Ciudad, Guatemala  
Tel: 502-332-0202  
Fax: 502-331-1472

USAID HIV/AIDS Website, Central America:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/caregion.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/caregion.html)

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